

LOCAL 1179
NATIONAL BENEFIT FUND
P.O. BOX 781
NEW YORK NY 10018

HEALTH INSURANCE CLAIM FORM
(CHECK APPLICABLE PROGRAM BLOCK BELOW)FORM APPROVED
OMB NO. 9308-0008

<input type="checkbox"/> MEDICARE (MEDICARE NO.)	<input type="checkbox"/> MEDICAID (MEDICAID NO.)	<input type="checkbox"/> CHAMPUS (SPONSOR'S SSN)	<input type="checkbox"/> CHAMPVA (VA FILE NO.)	<input type="checkbox"/> FECA BLACK LUNG (SSN)	<input checked="" type="checkbox"/> OTHER (CERTIFICATE SSN)
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PATIENT AND INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) GILAD, RONI	2. PATIENT'S DATE OF BIRTH 03 / 05 / 52	3. INSURED'S NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL) GILAD, RONI
4. PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE) P.O. BOX 127 MILLBURN NJ 07041	5. PATIENT'S SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	6. INSURED'S I.D. NO. (FOR PROGRAM CHECKED ABOVE, INCLUDE ALL LETTERS) 112643264
7. PATIENT'S RELATIONSHIP TO INSURED SELF <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>	8. INSURED'S GROUP NO. (OR GROUP NAME OR FECA CLAIM NO.) <input type="checkbox"/> INSURED IS EMPLOYED AND COVERED BY EMPLOYER HEALTH PLAN	9. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE) P.O. BOX 127 MILLBURN NJ 07041
10. WAS CONDITION RELATED TO: A. PATIENT'S EMPLOYMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> B. ACCIDENT AUTO <input type="checkbox"/> OTHER <input type="checkbox"/>	11. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE) P.O. BOX 127 MILLBURN NJ 07041	11.a. CHAMPUS SPONSOR'S : STATUS <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> DECEASED <input type="checkbox"/> RETIRED BRANCH OF SERVICE
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING) I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS THIS CLAIM. I ALSO REQUEST PAYMENT OF GOVERNMENT BENEFITS EITHER TO MYSELF OR TO THE PARTY WHO ACCEPTS ASSIGNMENT BELOW. NONE REPORTED	13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICE DESCRIBED BELOW. SIGNATURE ON FILE	SIGNED (INSURED OR AUTHORIZED PERSON)

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF: ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)	15. DATE FIRST CONSULTED YOU FOR THIS CONDITION	16. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY, GIVE DATES	16.a. IF EMERGENCY CHECK HERE <input type="checkbox"/>
17. DATE PATIENT ABLE TO RETURN TO WORK	18. DATES OF TOTAL DISABILITY FROM THROUGH	DATES OF PARTIAL DISABILITY FROM THROUGH	
19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g. PUBLIC HEALTH AGENCY)		20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES ADMITTED DISCHARGED	
21. NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE) MONTIFIORE MEDICAL CENTER 7331 BAINBRIDGE AVE. B		22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE? YES <input checked="" type="checkbox"/> NO CHARGES:	

23. A. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY, RELATE DIAGNOSIS TO PROCEDURE IN COLUMN D BY REFERENCE NUMBERS 1, 2, 3. 1. 354.2 ULNAR NERVE COMPRESSION	B. PRIOR AUTHORIZATION NO.
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24. DATE OF SERVICE FROM TO	B. PLACE OF SERVICE	C. FULLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN PROCEDURE CODE (IDENTIFY) EXPLAIN UNUSUAL SERVICES OR CIRCUMSTANCES	D. DIAGNOSIS CODE	E. CHARGES	F. DAYS OR UNITS	G. T.O.S.	H. LEAVE BLANK
01/15/93	0	99212 ESTABLISHED PATIENT, OFFICE VISIT	354.2	50.00	1	1	

25. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE(S) OR CREDENTIALS) (I CERTIFY THAT THE STATEMENTS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART THEREOF) BERISH STRAUCH, M.D. DATE: 01/25/93 YOUR PATIENT'S ACCOUNT NO. 2214	26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY) (SEE BACK) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 30. YOUR SOCIAL SECURITY NO. 33. YOUR EMPLOYER I.D. NO. 062263330	27. TOTAL CHARGE 50.00 28. AMOUNT PAID 0.00 29. BALANCE DUE 50.00 31. PHYSICIAN'S, SUPPLIER'S, AND/OR GROUP NAME, ADDRESS, ZIP CODE AND TELEPHONE NO. BERISH STRAUCH, M.D. 7331 BAINBRIDGE AVE. BRONX NY 10467 (212) 920-5551
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006099

Ann Lang M.A., O.T.R.

Hand Therapy - Progress Notes

(212) 787-6585 (212) 655-4956

Patient: Giladi, Ron

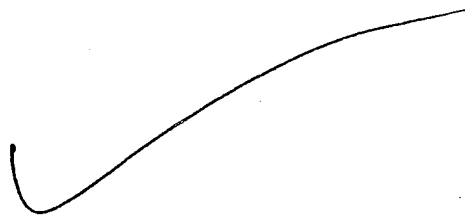
Referring Physician: Dr. Strauch

1/22/92

This 39 y/o ambidextrous male, s/p L ulnar nerve neurolysis on 12/14/91, was seen in hand therapy today. Due to time shortage, a detailed evaluation postponed, however, upon gross evaluation, patient did exhibit minimal limitation in full composite active flexion, minimal joint stiffness and marked weakness of the L hand. Scar line at the medial elbow is well healed.

Patient today was instructed in a detailed home exercise program. Written instructions with illustrations were issued, and precautions were stressed.

Patient stated he would call for his next appointment.



006100

Ann Lang M.A., O.T.R.

Hand Therapy - Progress Notes

(212) 787-6585 (212) 655-4956

Patient: Giladi, Ron

Referring Physican: Dr. Strauch

2/4/91

The patient has not been seen in hand therapy since his initial visit on 1/22/92 and has not called for a follow-up appointment. Will attempt to call patient to schedule a visit as soon as possible.

as

008101

Montefiore Medical Center/Albert Einstein College of Medicine

Clinical Neurophysiology Laboratory

Alan R. Berger, M.D.
Director

Montefiore Medical Center
111 East 210th Street
Bronx, New York 10467
Telephone 212 920-4930

March 8, 1991.

Berish Strauch, M.D.
Department of Reconstructive Surgery
Montefiore Hospital Medical Center
3331 Bainbridge Avenue
Bronx, New York 10467

Dear Dr. Strauch:

Your patient, Roni Giladi, was seen for neuromuscular evaluation. He is an ambidextrous 39 year old man with left arm pain and weakness since suffering a left wrist injury in September 1987, for which he underwent surgery. As you are familiar with his history, I will not repeat the details except to note that he suffered a motor vehicle accident in 1981 that resulted in neck pain and right hand paresthesias, all which completely resolved. His current complaints include a heavy feeling of the left arm when working and numbness in predominantly a median nerve distribution. No definite nocturnal exacerbation. He complains his left hand is weak.

On examination, strength of proximal left arm muscles was difficult to assess because of local pain, but was at least 5- in the deltoid, supraspinatus, biceps, and triceps. Muscles slightly decreased in strength (5-) included the left extensor digitorum communis, first dorsal interossei, ulnar innervated flexor digitorum muscle, opponens pollicis, and the abductor pollicis brevis. Slightly more weakness (4-) was present in the flexor carpi radialis and flexor pollicis longus. Hypesthesia was noted to pin prick and light touch at the medial upper arms, lateral forearms, dorsolateral hand, and index finger. The tendon stretch reflexes were 1+ at the brachioradialis muscles bilaterally, while bilateral triceps and biceps reflexes were 2+. The left arm demonstrated tenderness and a Tinel's sign in the upper arm between the biceps and triceps. A Tinel's sign was also elicited at the left wrist. Hot dog signs were evident at the wrists bilaterally. Range of motion was full and pain-free.

Electrophysiologic testing disclosed bilateral median nerve entrapments at the wrists, as well as bilateral ulnar nerve entrapment, at the elbows. All of the entrapments are mild in degree.

008102

Page -2-

Berish Strauch, M.D.

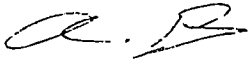
RE: Roni Giladi

There was no evidence of focal median nerve damage proximal to the wrist level, distal to the traumatic site. In addition, there was left C6 radicular dysfunction resulting in a mild degree of axon loss. The clinical examination suggests a lesion proximally in the left upper arm. However, there is no electrophysiologic evidence of dysfunction resulting from such a lesion. Clinically, the patient's complaints seem most likely to emanate from the left C6 radiculopathy, median nerve entrapment or both.

Thank you for referring this interesting patient.

Sincerely,

Kersti Bruining, M.D.
Clinical Electrophysiology Fellow



Alan R. Berger, M.D.
Associate Professor of Neurology
Director/Electromyography Laboratory

ARB:alh

008103

Date 3/9/91
Patient Name Roni Giladi
Age _____ Sex _____ Height (Inches) _____
Extremity Temp (C) _____ Handedness _____

SIDE	NERVE TESTED	RECORD SITE	STIMULATE SITE	LATENCY (msec)	AMP (uv)	DURATION (msec)	DISTANCE (mm)	VELOCITY (m/sec)	REMARKS/ COMMENTS
(1) ✓	RADIAL (n)	EIP	ANTERIOR FDS	3.7	2300	11.0	215"		Absent (Technical)
	"	"	MIDARM	5.2	2200	11.6	130	83.8	N
	"	"	AX	6.3	2400	11.4	95"	97.2	N
	"	"	WRAS	10.0	6100	9.0			N
(2) ✓	RADIAL (M)	EIP	ANTEB. FOS	3.3	2200	10	195"		Absent (Technical)
(3) ✓	ULNAR (M)	FDI	WRIST	3.7	8700	5.3	120		N
	" "	"	BEL	8.4	6800	6.9	230	50.5	N
	" "	"	AEL	9.8	5300	6.7	105	95.45	

MONTEFIORE HOSPITAL MEDICAL CENTER
DEPARTMENT OF NEUROLOGY
CLINICAL NEUROPHYSIOLOGY LABORATORY
MOTOR AND SENSORY NERVE CONDUCTION EXAMINATION

Date 3/8/91
Patient Name Roni Gileli
Age 39 Sex M Height (inches) 76
Extremity Temp (C) 36 Handedness ambidex

CGG105

NERVE	RECORD SITE	STIMULATE SITE	LATENCY (msec)	AMP (uV)	DURATION (msec)	DISTANCE (mm)	VELOCITY (m/sec)	REMARKS/COMMENTS
ULNAR (S)	WRIST	D2	3.5	4.4	1.3	15.5	42.8	Ab, Lt, Slow
MEDIAN (Mx)	WRIST	PALM	1.7	24.0	1.0	20	41.6	Ab, Slow
MEDIAN (S)	D2	PALM	1.5	5.8	1.2	80	51.9	N
ULNAR (S)	WRIST	D5	2.4	4.4	1.1	12.5	52.5	Ab, Lt
ULNAR (Mx)	BEL	WRIST						
ULNAR (Mx)	AEL	WRIST						
MEDIAN (M)	APB	WRIST	3.8	9.300	5.6	55		N
MEDIAN (M)	APB	ELBOW						N
MEDIAN (F)	APB	WRIST	32-29					N
ULNAR (M)	ADM	WRIST	2.9	8.900	6.2	35		N
ULNAR (M)	ADM	BEL	6.1	8.500	6.4	220	68.7	N
ULNAR (M)	ADM	AEL	8.7	8.100	7.2	110	42.3	Ab, Slow
ULNAR (F)	ADM	WRIST	34-30					Ab, IR
RADIAL (S)	WRIST	D1	2.2	4.2	1.0	13.0	61.3	N
LAT CUT (S)	FOREARM	ELBOW	1.7	11.6	1.2	120	30.5	N
ULNAR (M)	FDI	WALST	3.5	9.600	4.4	140		N
"	"	WAL	7.0	6.600	7.9	220	62.8	N
"	"	WEL	10.2	4.700	8.0	110	33.8	Ab, Slow
"	"	WALST	29-28					

MONTEFIORE HOSPITAL MEDICAL CENTER
DEPARTMENT OF NEUROLOGY
CLINICAL NEUROPHYSIOLOGY LABORATORY
MOTOR AND SENSORY NERVE CONDUCTION EXAMINATION

Date 3/8/91
Patient Name Roni Gradi
Age 39 Sex M Height (inches) 70

Extremity Temp (C) 35 Handedness ambidex

006106

NERVE	RECORD SITE	STIMULATE SITE	LATENCY (msec)	AMP (uv)	DURATION (msec)	DISTANCE (mm)	VELOCITY (m/sec)	REMARKS/COMMENTS
MEDIAN (S)	WRIST	D2	3.3	3.8	1.1	150	45.1	Ab, LA
MEDIAN (Tx)	WRIST dist	PALM	1.5	21.0	1.4	70	46	Ab, Slow
MEDIAN (S)	D2	PALM	1.1	14.8	1.8	25	65.7	N
ULNAR (S)	WRIST	D5	2.2	8.4	1.6	135	60.2	N
ULNAR (Tx)	BEL	WRIST						
ULNAR (Tx)	AEL	WRIST						
MEDIAN (M)	APB	WRIST	3.8	11800	6.6	65		N
MEDIAN (M)	APB	ELBOW	8.3	7700	6.7	230	51.1	N
MEDIAN (F)	APB	WRIST	32-29					N
ULNAR (M)	ADM	WRIST	2.5	6600	6.1	65		N
ULNAR (M)	ADM	BEL	6.8	6200	6.5	230	53.4	N
ULNAR (M)	ADM	AEL	9.6	6700	6.9	105	37.5	Ab, Slow
ULNAR (F)	ADM	WRIST	32-30					N
RADIAL (S)	WRIST	D1	1.8	7.2	1.1	9.5	53.3	N
LAT CUT (S)	FOREARM	ELBOW	1.8	10.0	1.2	105	58.9	N
MEDIAN (M)	APB	PA	11.2	10800	6.4	205	69.4	N
"	APB	ERAS	14.2	11000	6.8			N
ULNAR (M)	APB	PA	11.9	5900	7.3	140	59.5	N
"	APB	ERAS	14.2	5000	7.3			N

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS OBSERVATION RECORD

CILADI RONI
P.O. BOX 127
MILSCUFNE NJ 07041
MR 918369 DOB 03-05-52

EVERY ENTRY MUST BE DATED & SIGNED

SS 112-64-3264 NO PHONE
If no plate, patient's name, adm. no., sex & Doctor
ACC 60189183

DATE	OBSERVATION
8/17/94	<p>He still refused to work the wheel. even after a btl. bath & jell. - He has been told since 15-8, - was kind of Phony. - He is a habit for love but to - (2) He - + sick & (2) - A minute when die (KRT gl. 1003) - low bal. p. He off date until 8/29/94 - - would you TID</p>
8/22/94	<p>He still, ch lower bal p. to Dept. Da p. + waken. He was refused to work by Dr. J. Cohen for "limited" date. Note was accepted by his supervisory (He did not see to OHS prior to receiving work). If still he was not give him the 2nd, 3rd, or 4th, or the moreover his fin. Ref. bus. B TMD Dr. Cohen (revolving) for conduct of shift to work. off duty.</p> <p><i>[Signature]</i></p>

OBSERVATIONS

8/24/94 Pt Ck ↑ L hal - Pa + various "chgs"
- Retn to work (lost into evening rain from duty)
- Bel p + robust to leg is different
- B - Take pull + release @ wrist
down - mid joint wrist + forearm j c.p. & flex
+ extend wrist + lateral deviat of h.
This is right for CTs.
- Bel spec to leg i post
- A Felvets @ wrist
- Hunter's dir of pelvis spe
- P off duty until de by Nemoz

[Handwritten signature]

003108

THE JACK D. WEILER HOSPITAL
OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE
A DIVISION OF MONTEFIORE MEDICAL CENTER
1825 EASTCHESTER ROAD BRONX, NY 10461
TELEPHONE (718) 904-2000

DATE 9/1/94

I hereby give my permission to the Employee's Health Service at the Hospital of the Albert Einstein College of Medicine to

release (X) or obtain () the following information:

progress notes 8/17/94, 8/21/94

8/24/94

SIGNATURE: [Signature]

ADDRESS: P.O. Box 123

Millburn N.J. 07041

DATE OF BIRTH: 03-05-52

This information is to be released to (X) obtained from ():

Myself

006109

The Jack D. Weiler Hospital
of the Albert Einstein College of Medicine
a Division of Montefiore Medical Center

PHYSICAL THERAPY DEPARTMENT
OUTPATIENT PROGRESS REPORTS

Giladi, Roni

EHS # 918369

D. Popescu

DATE: 10/13/93

☒ MOIST HEAT ☐ HYDROTHERAPY
☐ COLD/ICE ☐ ISOKINETICS
☒ ULTRASOUND ☒ MASSAGE
☒ TRACTION ☒ STRETCHING
☐ PRE'S ☐ MUSCLE-RE-EDUC.
☐ OTHER

TREATMENT: (CHECK)

☒ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☐ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION

☒ ELECTRICAL STIMULATION (SPECIFY)
TENS - "G" PPR
☐ PRE AND/OR POST-PROSTHETICS
TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS: Pt. continues as above. Reports pain in LB is less when he leaves P.T. but returns while riding the bus home. Tol Rx well

J. Capone PT
THERAPIST'S SIGNATURE

DATE: 10/15/93

☒ MOIST HEAT ☐ HYDROTHERAPY
☐ COLD/ICE ☐ ISOKINETICS
☒ ULTRASOUND ☒ MASSAGE
☒ TRACTION ☒ STRETCHING
☐ PRE'S ☐ MUSCLE-RE-EDUC.
☐ OTHER

TREATMENT: (CHECK)

☒ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☐ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION

☒ ELECTRICAL STIMULATION (SPECIFY)
TENS - "G" PPR
☐ PRE AND/OR POST-PROSTHETICS
TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS: Continues as above. Still c/o LBP + (B) LE pain. Tol Rx well

J. Capone PT
THERAPIST'S SIGNATURE

DATE: 10/18/93

☒ MOIST HEAT ☐ HYDROTHERAPY
☐ COLD/ICE ☐ ISOKINETICS
☒ ULTRASOUND ☒ MASSAGE
☒ TRACTION ☒ STRETCHING
☐ PRE'S ☐ MUSCLE-RE-EDUC.
☐ OTHER

TREATMENT: (CHECK)

☒ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☐ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION

☒ ELECTRICAL STIMULATION (SPECIFY)
TENS "G" PPR
☐ PRE AND/OR POST-PROSTHETICS
TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS: Continues as above. Still c/o LBP + (B) LE pain which is relieved temporarily by P.T. Will speak to Dr. Popescu re: re-evaluation.

J. Capone PT
THERAPIST'S SIGNATURE

DATE: 10/20/93

TREATMENT: (CHECK)

MOIST HEAT — HYDROTHERAPY

COLD/ICE — ISOKINETICS

ULTRASOUND — MASSAGE

TRACTION — STRETCHING

PRE'S — MUSCLE-RE-EDUC.

OTHER —

THERAPEUTIC EXERCISES

TRANSFER TRAINING

GAIT TRAINING

PROGRESSIVE AMB. TRAINING

INSTRUCT/EDUCATION

ELECTRICAL STIMULATION (SPECIFY)

TENS - "G"

PRE AND/OR POST-PROSTHETIC

TRAINING

NO TREATMENT (EXPLAIN)

COMMENTS:

Pt. reports he is getting minimal pain relief & therapy. Rates pain in LBS + (B) LBS as a "7" today on a 0-10 pain scale and on a good day rates pain a 5 or 6. Tol well. J. Capone PT

THERAPIST'S SIGNATURE

DATE: 10/24/93

TREATMENT: (CHECK)

MOIST HEAT — HYDROTHERAPY

COLD/ICE — ISOKINETICS

ULTRASOUND — MASSAGE

TRACTION — STRETCHING

PRE'S — MUSCLE-RE-EDUC.

OTHER —

THERAPEUTIC EXERCISES

TRANSFER TRAINING

GAIT TRAINING

PROGRESSIVE AMB. TRAINING

INSTRUCT/EDUCATION

ELECTRICAL STIMULATION (SPECIFY)

TENS - "G"

PRE AND/OR POST-PROSTHETIC

TRAINING

NO TREATMENT (EXPLAIN)

COMMENTS:

Contin as above. Instructed. Pt. in body mechanics & posture correction. LBS. how to move through transitional position, esp. supine to sit or prone to standing. ↓ muscle tightness (B) paraspinal & Rx. J. Capone PT

THERAPIST'S SIGNATURE

DATE: 10/25/93

TREATMENT: (CHECK)

MOIST HEAT — HYDROTHERAPY

COLD/ICE — ISOKINETICS

ULTRASOUND — MASSAGE

TRACTION — STRETCHING

PRE'S — MUSCLE-RE-EDUC.

OTHER —

THERAPEUTIC EXERCISES

TRANSFER TRAINING

GAIT TRAINING

PROGRESSIVE AMB. TRAINING

INSTRUCT/EDUCATION

ELECTRICAL STIMULATION (SPECIFY)

TENS - "G"

PRE AND/OR POST-PROSTHETIC

TRAINING

NO TREATMENT (EXPLAIN)

COMMENTS:

Contin as above. Pt. reports slight improvement since initial therapy session. Tol well. J. Capone PT

THERAPIST'S SIGNATURE

DATE: 10/27/93

TREATMENT: (CHECK)

MOIST HEAT — HYDROTHERAPY

COLD/ICE — ISOKINETICS

ULTRASOUND — MASSAGE

TRACTION — STRETCHING

PRE'S — MUSCLE-RE-EDUC.

OTHER —

THERAPEUTIC EXERCISES

TRANSFER TRAINING

GAIT TRAINING

PROGRESSIVE AMB. TRAINING

INSTRUCT/EDUCATION

ELECTRICAL STIMULATION (SPECIFY)

TENS

PRE AND/OR POST-PROSTHETIC

TRAINING

NO TREATMENT (EXPLAIN)

COMMENTS:

Contin as above. Report ↓ pain (D) elbow. Pt. reports less LBP, but continues to have pain & transitional movements. Tol well. J. Capone PT

THERAPIST'S SIGNATURE

008111

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS
OBSERVATION RECORD

Giladi, Roni

EHS #918369

Dr. Popescu

EVERY ENTRY MUST BE DATED & SIGNED

If no plate, patients's name, adm. no., sex & Doctor

DATE	OBSERVATION
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LUBIN REHABILITATION THERAPY SERVICES-DISCHARGE SUMMARY

Circle therapy involved:

PHYSICAL

OCCUPATIONAL

SPEECH

Name: *Giladi, Roni*

Date: *12/29/93* Diagnosis: *LBP*

EHS #918369

Treatment Program (and equipment issued if applicable): *PTENS, 1 mA, massage, stretching, US to (L4/5) at 1.0 W/cm²*

Patient Status: *Pt. had rec'd some pain relief in LB area & ability to amb + perform ADLs. However, as per pt - LBP was radiating to BL & was*

Home Program/Recommended Equipment upon D/C: *mod. on pain scale. Pt. instructed in LB & abdominal exs. for home exs. program. NO equipment needed.*

Patient/Family education: *Pt. also instructed in lumbar exs + postural correction, as well as proper body mechanics. Demonstrated how to perform.*

Discharge Plan: *D/C to pt. was sent to hold as per neurologist for 2 wks, then never contacted*

Above program and plan discussed with patient and/or significant other *as a Dr. Popescu.*

☒ YES

☐ NO

Comment:

Form REH 915 REV. 11/88

J. Capone, P.T.
Therapist's Signature

008112

The Jack D. Weiler Hospital
of the Albert Einstein College of Medicine
a Division of Montefiore Medical Center

PHYSICAL THERAPY DEPARTMENT
OUTPATIENT PROGRESS REPORTS

Gilad, Ron

ELHS # 918369

Dr. Popescu

DATE: 11/8/93 TREATMENT: (CHECK)
☒ MOIST HEAT ☐ HYDROTHERAPY ☐ THERAPEUTIC EXERCISES
☐ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING
☐ ULTRASOUND ☒ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☒ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☐ PRE'S ☐ MUSCLE-RE-EDUC. ☐ INSTRUCT/EDUCATION
☐ OTHER Myofascial release ☒ ELECTRICAL STIMULATION (SPECIFY)
RNS PPR UE
☐ PRE AND/OR POST-PROSTHETICS
☐ TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS: Pt reports that results of MRI showed (+) HNP @ L5-S1 region. (present c. tenderness) & (+) trigger points @ B paraspinals (R) & (L) from T12-L5 region. Cont c above tx & good pain relief p tx. Hx tx well.
Therapist P.
 THERAPIST'S SIGNATURE

DATE: 12/29/93 TREATMENT: (CHECK)
☐ MOIST HEAT ☐ HYDROTHERAPY ☐ THERAPEUTIC EXERCISES
☐ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING
☐ ULTRASOUND ☐ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☐ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☐ PRE'S ☐ MUSCLE-RE-EDUC. ☐ INSTRUCT/EDUCATION
☐ OTHER ☒ ELECTRICAL STIMULATION (SPECIFY)
☐ PRE AND/OR POST-PROSTHETICS
☒ TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS: Pt. was put on hold for 2 wks as per his M.D. (neurologist) 2nd MRI revealing disc herniation L5-S1. Pt. was to see Dr. Popescu for re-eval before re-summing therapy, but pt. never made appt. Was contacted us, therefore will D/C.
J. Copone, P.T.
 THERAPIST'S SIGNATURE

DATE: TREATMENT: (CHECK)
☐ MOIST HEAT ☐ HYDROTHERAPY ☐ THERAPEUTIC EXERCISES
☐ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING
☐ ULTRASOUND ☐ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☐ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☐ PRE'S ☐ MUSCLE-RE-EDUC. ☐ INSTRUCT/EDUCATION
☐ OTHER ☐ ELECTRICAL STIMULATION (SPECIFY)
☐ PRE AND/OR POST-PROSTHETICS
☐ TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS:

THERAPIST'S SIGNATURE

008113

The Jack D. Weiler Hospital
of the Albert Einstein College of Medicine
a Division of Montefiore Medical Center

PHYSICAL THERAPY DEPARTMENT
OUTPATIENT PROGRESS REPORTS

Giladi, Roni

EHS # 918369

Dr. Papescu

DATE: 10/29/93

TREATMENT: (CHECK)
☒ MOIST HEAT ☐ HYDROTHERAPY ☒ THERAPEUTIC EXERCISES
☐ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING
☒ ULTRASOUND ☒ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☒ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☐ PRE'S ☐ MUSCLE-RE-EDUC. ☐ INSTRUCT/EDUCATION
☐ OTHER

ELECTRICAL STIMULATION (SPECIFY)
TENS - "C"
PRE AND/OR POST-PROSTHETICS
TRAINING
NO TREATMENT (EXPLAIN)

COMMENTS: Will discontinue US to R elbow
p today. Continue as above. Tol well

J. Capone PT
THERAPIST'S SIGNATURE

DATE: 11/1/93

TREATMENT: (CHECK)
☒ MOIST HEAT ☐ HYDROTHERAPY ☒ THERAPEUTIC EXERCISES
☐ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING
☐ ULTRASOUND ☒ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☒ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☐ PRE'S ☐ MUSCLE-RE-EDUC. ☐ INSTRUCT/EDUCATION
☐ OTHER

ELECTRICAL STIMULATION (SPECIFY)
TENS in PPR "C"
PRE AND/OR POST-PROSTHETICS
TRAINING
NO TREATMENT (EXPLAIN)

COMMENTS: Discontinue US to R elbow to 12 Rxts.
Continue as above. Started more mobility
exercises for SB standing. PT. c/o
more pain prior to Rx in today &
over the weekend. After
therapy pain relief is temporary. J. Capone PT
THERAPIST'S SIGNATURE

DATE: 11/3/93

TREATMENT: (CHECK)
☒ MOIST HEAT ☐ HYDROTHERAPY ☐ THERAPEUTIC EXERCISES
☐ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING
☐ ULTRASOUND ☒ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☒ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☐ PRE'S ☐ MUSCLE-RE-EDUC. ☐ INSTRUCT/EDUCATION
☐ OTHER

ELECTRICAL STIMULATION (SPECIFY)
TENS "in PPR C"
PRE AND/OR POST-PROSTHETICS
TRAINING
NO TREATMENT (EXPLAIN)

COMMENTS: PT reports level of LBP still
↑ as was on Monday. Rates
LB pain a "7 1/2" on 0 → 10 pain scale and
pain radiates to B LE'S. Tol Rx well
General mobility grossly
limited still. J. Capone PT
THERAPIST'S SIGNATURE

<input checked="" type="checkbox"/> MOIST HEAT	<input type="checkbox"/> HYDROTHERAPY	<input type="checkbox"/> THERAPEUTIC EXERCISES	<input checked="" type="checkbox"/> ELECTRICAL STIMULATION (SPECIFY)
<input type="checkbox"/> COLD/ICE	<input type="checkbox"/> ISOKINETICS	<input type="checkbox"/> TRANSFER TRAINING	<u>TENS - PPR "E"</u>
<input type="checkbox"/> ULTRASOUND	<input checked="" type="checkbox"/> MASSAGE	<input type="checkbox"/> GAIT TRAINING	<input type="checkbox"/> PRE AND/OR POST-PROSTHETIC
<input type="checkbox"/> TRACTION	<input checked="" type="checkbox"/> STRETCHING	<input type="checkbox"/> PROGRESSIVE AMB. TRAINING	<input type="checkbox"/> TRAINING
<input type="checkbox"/> PRE'S	<input type="checkbox"/> MUSCLE-RE-EDUC.	<input type="checkbox"/> INSTRUCT/EDUCATION	<input type="checkbox"/> NO TREATMENT (EXPLAIN)
<input type="checkbox"/> OTHER			

COMMENTS: Contn in T.F.N.S + mit to LB area
X 70 \rightarrow 30 min. per by message +
muscular release techniques.
Toll call — MRI completed + results
pending.

L. Aponte
THERAPIST'S SIGNATURE

DATE: _____		TREATMENT: (CHECK)	
<input type="checkbox"/> MOIST HEAT	<input type="checkbox"/> HYDROTHERAPY	<input type="checkbox"/> THERAPEUTIC EXERCISES	<input type="checkbox"/> ELECTRICAL STIMULATION (SPECIFY) _____
<input type="checkbox"/> COLD/ICE	<input type="checkbox"/> ISOKINETICS	<input type="checkbox"/> TRANSFER TRAINING	
<input type="checkbox"/> ULTRASOUND	<input type="checkbox"/> MASSAGE	<input type="checkbox"/> GAIT TRAINING	<input type="checkbox"/> PRE AND/OR POST-PROSTHETIC
<input type="checkbox"/> TRACTION	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> PROGRESSIVE AMB. TRAINING	<input type="checkbox"/> TRAINING
<input type="checkbox"/> PRE'S	<input type="checkbox"/> MUSCLE-RE-EDUC.	<input type="checkbox"/> INSTRUCT/EDUCATION	<input type="checkbox"/> NO TREATMENT (EXPLAIN) _____
<input type="checkbox"/> OTHER _____			

COMMENTS: _____

THERAPIST'S SIGNATURE

DATE:		TREATMENT: (CHECK)	
<input type="checkbox"/> MOIST HEAT	<input type="checkbox"/> HYDROTHERAPY	<input type="checkbox"/> THERAPEUTIC EXERCISES	<input type="checkbox"/> ELECTRICAL STIMULATION (SPECIFY)
<input type="checkbox"/> COLD/ICE	<input type="checkbox"/> ISOKINETICS	<input type="checkbox"/> TRANSFER TRAINING	
<input type="checkbox"/> ULTRASOUND	<input type="checkbox"/> MASSAGE	<input type="checkbox"/> GAIT TRAINING	<input type="checkbox"/> PRE AND/OR POST-PROSTHETIC
<input type="checkbox"/> TRACTION	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> PROGRESSIVE AMB. TRAINING	<input type="checkbox"/> TRAINING
<input type="checkbox"/> PRE'S	<input type="checkbox"/> MUSCLE-RE-EDUC.	<input type="checkbox"/> INSTRUCT/EDUCATION	<input type="checkbox"/> NO TREATMENT (EXPLAIN)
<input type="checkbox"/> OTHER			

COMMENTS: _____

THERAPIST'S SIGNATURE

DATE:		TREATMENT: (CHECK)	
<input type="checkbox"/> MOIST HEAT	<input type="checkbox"/> HYDROTHERAPY	<input type="checkbox"/> THERAPEUTIC EXERCISES	<input type="checkbox"/> ELECTRICAL STIMULATION (SPECIFY)
<input type="checkbox"/> COLD/ICE	<input type="checkbox"/> ISOKINETICS	<input type="checkbox"/> TRANSFER TRAINING	
<input type="checkbox"/> ULTRASOUND	<input type="checkbox"/> MASSAGE	<input type="checkbox"/> GAIT TRAINING	<input type="checkbox"/> PRE AND/OR POST-PROSTHETIC
<input type="checkbox"/> TRACTION	<input type="checkbox"/> STRETCHING	<input type="checkbox"/> PROGRESSIVE AMB. TRAINING	<input type="checkbox"/> TRAINING
<input type="checkbox"/> PRE'S	<input type="checkbox"/> MUSCLE-RE-EDUC.	<input type="checkbox"/> INSTRUCT/EDUCATION	<input type="checkbox"/> NO TREATMENT (EXPLAIN)
<input type="checkbox"/> OTHER			

COMMENTS: _____

THERAPIST'S SIGNATURE

THE JACK D. WEILER HOSPITAL
1825 EASTCHESTER ROAD
BRONX, NEW YORK 10461
DEPARTMENT OF RADIOLOGY
REPORT OF FINDINGS

REF PHYSICIAN COP

DOS 10/26/93 REQ # 154874
READ 10/26/93 TYPED 10/27/93
TYPED BY 17
RADIOLOGIST KIRSCHENBAUM, E
RESIDENT

MR# 918369
PATIENT GILADI, RONI
DOB 03/05/52 SSN 112-64-3264
REFERRED BY VAN LIEU, JACLYN

LOCATION PHS

CLINICAL INDICATIONS R/O INFECTION

CHEST:

CLINICAL DIAGNOSIS: R/O PNEUMONIA

PA and lateral views of the chest are submitted and compared to previous examinations dating back to 1982. There has been no significant interval change. There is mild peribronchial thickening and minimal blunting of the left costophrenic angle. No acute infiltrates are noted.

IMPRESSION:

No significant change. No acute infiltrate. Mild peribronchial thickening.

APPROVED BY KIRSCHENBAUM, E , M. D.

RONI GILADI

P.O. Box 127

Millburn, New Jersey 07041

October 28, 1993

VIA CERTIFIED MAIL

Cert. # P 819 725 286

Ms. Louise Zuckman
Labor Relations Office
1300 Morris Park Avenue
Bronx, New York 10461

Dear Ms. Zuckman:

In paragraph 3 of your letter dated October 27, 1993, you bitterly criticize me for being seen by the Employee Health Services. However, if the services of the Employee Health is only for employees who are in active employment, then why did my supervisor, Mr. Richard DeWitt send me to the Employee Health Services during the period of my medical leave? If necessary, I will, of course, supply documentation confirming same.

Sincerely,


Roni Giladi

cc: Dr. J. Van Lieu, Employee Health Services
Dr. Martin Levine
Mr. Richard DeWitt
Mr. Steve Frankel, 1199 Organizer
Personnel File

file
CCS117

ALBERT EINSTEIN COLLEGE OF MEDICINE
OF YESHIVA UNIVERSITY

1300 MORRIS PARK AVENUE, BRONX, NEW YORK 10461 • CABLE: EINCOLLMED, N.Y.

LABOR RELATIONS OFFICE

PHONE: (212) 430-2551

October 27, 1993

Mr. Roni Giladi
P.O. Box 127
Millburn, New Jersey 07041

Dear Mr. Giladi:

We are in receipt of medical documentation which you supplied in support of your recent request, dated October 5, 1993, to extend your present leave of absence for up to twelve months. As you know, your present leave began August 12, 1993. This latest disability documentation is dated July 12, 1993 and is from a physician who resides in Israel.

It appears from this latest documentation as well as from previous documentations (from various physicians) that your absence from work is as a result of nerve injury and surgery in your left upper extremity. Therefore, it is most troubling and incredulous that you could be monitored by a physician in Israel during this period of disability, let alone that his documentation was dated prior to the inception of your disability. Therefore, I would appreciate receiving medical documentation for this latest request to extend your present leave of absence from the physician who is currently responsible for overseeing and monitoring your medical condition. Moreover, this physician must advise us of the maximum expected length of your disability leave.

In reviewing your file, it has come to my attention that you have been seen in our Employee Health Service during this period of medical leave of absence on three separate occasions. Let me remind you that Employee Health Service is only to be used by employees while they are in active employment and become ill during the work day. Therefore, I have advised the Director of Employee Health Service that you are presently on medical leave of absence and that you should be seen by a physician other than those assigned to Employee Health Service referrals.

/cont...

008118

file

EHS-600

MONTEFIORE MEDICAL CENTER
EMPLOYEES' HEALTH SERVICE

NOTICE OF SICK EMPLOYEE

NO EMPLOYEE WILL BE SEEN WITHOUT
A SIGNED COPY OF THIS FORM

Date:

9/28/93

Hour: _____

Name

Roni Giladi

Department

A-V DEP

Position

Complaint

Cough / PERSISTING / CHRONIC BACK PAIN / RADIATION TO LEGS.

Supervisor or Dept. Head

ALL EMPLOYEES MUST BE CLOCKED IN AND OUT IN THE
EMPLOYEES' HEALTH SERVICE

Time In

Time Out

EMPLOYEE'S DISPOSITION

☐

Return to clinic on

10/4 or 10/5 for PH

☐

Return to work on

☐

Off Duty Until

10/4 - 10/5

☐

To be admitted

Comments

Pls make 3 diff + wnt - attend.
M. D.

Time Employee Returned to Department

Supervisor or Dept. Head

THIS FORM MUST BE SUBMITTED TO EMPLOYEES' HEALTH
SERVICE IN DUPLICATE

008120

MONTEFIORE MEDICAL CENTER
EMPLOYEES' HEALTH SERVICE

NOTICE OF SICK EMPLOYEE

NO EMPLOYEE WILL BE SEEN WITHOUT
A SIGNED COPY OF THIS FORM

Date: 10/5/93 Hour: _____
Name: RONI GILADI
Department: A-V Position: _____
Complaint: LOW BACK PAIN

Supervisor or Dept. Head

ALL EMPLOYEES MUST BE CLOCKED IN AND OUT IN THE
EMPLOYEES' HEALTH SERVICE

Time In _____ Time Out 11:25

EMPLOYEE'S DISPOSITION

☐ Return to clinic on _____
☐ Return to work on UNABLE TO RETURN TO WORK
☐ Off Duty Until _____
☐ To be admitted _____

Comments: WENT TO HOSPITAL FOR PAIN MANAGEMENT
DR. REED M.D.

Time Employee Returned to Department _____

Supervisor or Dept. Head

THIS FORM MUST BE SUBMITTED TO EMPLOYEES' HEALTH

EMS-600

MONTEFIORE MEDICAL CENTER
EMPLOYEES' HEALTH SERVICE

NOTICE OF SICK EMPLOYEE

NO EMPLOYEE WILL BE SEEN WITHOUT
A SIGNED COPY OF THIS FORM

Date: 8/30/93 Hour: 9:20 AM
Name: R. Giladi
Department: Aud. Vis. Position: Tech
Complaint: Radiating pain into legs from back, LBP, pain in hands.
Supervisor or Dept. Head

ALL EMPLOYEES MUST BE CLOCKED IN AND OUT IN THE
EMPLOYEES' HEALTH SERVICE

Time In _____ Time Out 10:25

EMPLOYEE'S DISPOSITION

☐ Return to clinic on if improved
☐ Return to work on _____
☐ Off Duty Until 9/7/93 if improved
☐ To be admitted _____

Comments

Med Ben M.D.

Time Employee Returned to Department _____

Supervisor or Dept. Head

THIS FORM MUST BE SUBMITTED TO EMPLOYEES' HEALTH

008121

RONI GILADI

P.O. Box 127

Millburn, New Jersey 07041

October 28, 1993

VIA FAX AND CERTIFIED MAIL
Cert. # P 819 725 286

Ms. Louise Zuckman
Labor Relations Office
1300 Morris Park Avenue
Bronx, New York 10461

Dear Ms. Zuckman:

In your letter dated October 27, 1993, you have attempted to twist and misinterpret information provided to you. The first attempt to misinterpret information is related to my present medical leave. My absence from work is as a result of the June 30, 1993 injury. But you seek to indicate that my present leave of absence is related to the surgery of my left upper extremity; that took place in December, 1991. This could not be further from the truth as the medical documentations provided indicates clearly that this is a medical leave from work mostly as a result of Lumbar Radiculopathy and Carpal Tunnel Syndrome.

Although you seem to believe that it is "inconceivable" that I could be treated by a physician in Israel, it is not uncommon for people to seek medical care where they feel is appropriate for them. It is of no concern to you to whom or where I go for treatment; the only concern you have is to supply me with the time needed for treatment. Furthermore, it should be a routine approval since Mr. DeWitt has already stated to me, after receiving my medical documentation, that he has no problem granting me my request for leave of absence.

Further, you surmise and assume that the medical condition of my left elbow began August 12, 1993. Obviously, I was examined by Dr. Maurice Rousso regarding my left elbow in May 1993, and at that time he already recommended that I undergo another surgery for re-exploration of the nerve. The fact that Dr. Rousso resides in Israel is of no concern. This is still medical treatment which must be undergone and the time requested is needed.

/cont...

file

006122

Ms. Louise Zuckman
Labor Relations Office
October 28, 1993
page 2 of 2

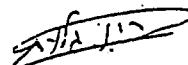
In paragraph 2 line 10 of your letter, you further misinterpret the information supplied. I did, in fact, supply documentation from my physician indicating the maximum expected medical leave needed.

Requiring me to provide you with another medical documentation to support my request dated October 5, 1993 is ludicrous. First of all, since May 1993, Dr. Rousso is the physician who is overseeing the medical condition of my left elbow. The requirement of new documentation is not only unfair but is extremely prejudicial to me in dealing with my medical condition.

I would once again reiterate that I am not requesting anything more than an extension of my present leave of absence for up to twelve months.

For all of the above reasons, I beseech that my request be granted.

Sincerely,



Roni Giladi

cc: Dr. Martin Levine - Cert. # P 750 586 370
Dr. J. Van Lieu, Employee Health Services
Mr. Richard DeWitt
Mr. Steve Frankel, 1199 Organizer
Personnel File

008123

The Jack D. Weiler Hospital
of the Albert Einstein college of Medicine
a Division of Montefiore Medical Center

PHYSICAL THERAPY DEPARTMENT
OUTPATIENT PROGRESS REPORTS

Giladi Roni

EHS 918369

Dr Popescu

DATE: 9-13-93 TREATMENT: (CHECK)
☐ MOIST HEAT ☐ HYDROTHERAPY ☐ THERAPEUTIC EXERCISES ☐ ELECTRICAL STIMULATION (SPECIFY)
☐ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING
☐ ULTRASOUND ☐ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☐ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☐ PRE'S ☐ MUSCLE-RE-EDUC. ☐ INSTRUCT/EDUCATION
☐ OTHER ☒ NO TREATMENT (EXPLAIN)

COMMENTS: Pt did not show for therapy today.

[Signature]
THERAPIST'S SIGNATURE

DATE: 9/15/93 TREATMENT: (CHECK)
☐ MOIST HEAT ☐ HYDROTHERAPY ☐ THERAPEUTIC EXERCISES ☐ ELECTRICAL STIMULATION (SPECIFY)
☐ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING
☐ ULTRASOUND ☐ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☐ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☐ PRE'S ☐ MUSCLE-RE-EDUC. ☐ INSTRUCT/EDUCATION
☐ OTHER ☒ NO TREATMENT (EXPLAIN)

COMMENTS: Pt did not show for therapy.

[Signature]
THERAPIST'S SIGNATURE

DATE: 9-27-93 TREATMENT: (CHECK)
☐ MOIST HEAT ☐ HYDROTHERAPY ☐ THERAPEUTIC EXERCISES ☐ ELECTRICAL STIMULATION (SPECIFY)
☐ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING
☐ ULTRASOUND ☐ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☐ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☐ PRE'S ☐ MUSCLE-RE-EDUC. ☐ INSTRUCT/EDUCATION
☐ OTHER ☒ NO TREATMENT (EXPLAIN)

COMMENTS: Pt came to say he has been in too much pain to attend therapy. Was to receive therapy this p.m., but then I did not show.

[Signature]
THERAPIST'S SIGNATURE

008125

☒ COLD/ICE
☐ ULTRASOUND
☐ TRACTION
☐ PRE'S
☐ OTHER
☐ MOIST HEAT
☐ HYDROTHERAPY
☐ ISOKINETICS
☐ MASSAGE
☐ STRETCHING
☐ MUSCLE-RE-EDUC.
☐ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☐ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION
☒ ELECTRICAL STIMULATION (SPECIFY)
TENS PPR "G"
☐ PRE AND/OR POST-PROSTHETIC
☐ TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS: Spinal therapy & break of 2 wks. - Received corset & brace conference today. TENS + ice to low back x 20 min. (Walked 2 TENS w/ 10 min & moderate pain relief. US to (L) elbow 1.25 w/cm² x 5 min. Tol well.

THERAPIST'S SIGNATURE

DATE: 10/14/94

TREATMENT: (CHECK)

☒ COLD/ICE
☒ ULTRASOUND
☐ TRACTION
☐ PRE'S
☐ OTHER
☐ MOIST HEAT
☐ HYDROTHERAPY
☐ ISOKINETICS
☐ MASSAGE
☐ STRETCHING
☐ MUSCLE-RE-EDUC.
☐ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☐ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION
☒ ELECTRICAL STIMULATION (SPECIFY)
TENS
☐ PRE AND/OR POST-PROSTHETIC
☐ TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS: pt received TENS + ice pack to the low back region followed by massage. pt also received U.S. to the (L) elbow x 5 min. Tol. Tx fairly well.

THERAPIST'S SIGNATURE

DATE: 10/8/93

TREATMENT: (CHECK)

☒ COLD/ICE
☒ ULTRASOUND
☐ TRACTION
☐ PRE'S
☐ OTHER
☐ MOIST HEAT
☐ HYDROTHERAPY
☐ ISOKINETICS
☐ MASSAGE
☐ STRETCHING
☐ MUSCLE-RE-EDUC.
☐ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☐ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION
☒ ELECTRICAL STIMULATION (SPECIFY)
TENS
☐ PRE AND/OR POST-PROSTHETIC
☐ TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS: tried mobt today + TENS to LB area x 20 min fol by massage + instruction in other areas; for LB strengthening/stretching. Tol well - pt. saw Dr. Pureson on 10/1/93 for re-eval. - J. Capone P.T.

THERAPIST'S SIGNATURE

DATE: 10/11/93

TREATMENT: (CHECK)

☒ COLD/ICE
☒ ULTRASOUND
☐ TRACTION
☐ PRE'S
☐ OTHER
☐ MOIST HEAT
☐ HYDROTHERAPY
☐ ISOKINETICS
☐ MASSAGE
☐ STRETCHING
☐ MUSCLE-RE-EDUC.
☐ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☐ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION
☒ ELECTRICAL STIMULATION (SPECIFY)
TENS "G"
☐ PRE AND/OR POST-PROSTHETIC
☐ TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS: Continue as above. Pain slightly less in LB + down (B) LBS. Soreness limited ROM in L-spine noted - related to work on LB exc. + stretching. - J. Capone P.T.

THERAPIST'S SIGNATURE

The Jack D. Weiler Hospital
of the Albert Einstein college of Medicine
a Division of Montefiore Medical Center

PHYSICAL THERAPY DEPARTMENT
OUTPATIENT PROGRESS REPORTS

Gladi Kon

EHs 918369

Dr. Popescu

DATE: 8-18-93

TREATMENT: (CHECK)

☒ MOIST HEAT ☐ HYDROTHERAPY
☒ COLD/ICE ☐ ISOKINETICS
☐ ULTRASOUND ☒ MASSAGE
☐ TRACTION ☐ STRETCHING
☐ PRE'S ☐ MUSCLE-RE-EDUC.
☐ OTHER

☐ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☐ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION

☒ ELECTRICAL STIMULATION (SPECIFY)
VMS II 100pps 100/sec
☐ PRE AND/OR POST-PROSTHETICS
☐ TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS: Continued to current tr. Tol well.

THERAPIST'S SIGNATURE

DATE: 8-18-93

TREATMENT: (CHECK)

☒ MOIST HEAT ☐ HYDROTHERAPY
☒ COLD/ICE ☐ ISOKINETICS
☒ ULTRASOUND ☒ MASSAGE
☐ TRACTION ☐ STRETCHING
☐ PRE'S ☐ MUSCLE-RE-EDUC.
☐ OTHER

☐ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☐ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION

☒ ELECTRICAL STIMULATION (SPECIFY)
VMS II 100pps 100/sec
☐ PRE AND/OR POST-PROSTHETICS
☐ TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS: Seen today @ brace conference to receive lumbar corset. As per Dr. Popescu, US 1.0 W/cm² x 4 min to Elbow. Massage to m. spasm in back & fair pain relief. Ice & VMS x 30 min. Tol well.

THERAPIST'S SIGNATURE

DATE: 8-23-93

TREATMENT: (CHECK)

☒ MOIST HEAT ☐ HYDROTHERAPY
☒ COLD/ICE ☐ ISOKINETICS
☒ ULTRASOUND ☒ MASSAGE
☐ TRACTION ☐ STRETCHING
☐ PRE'S ☐ MUSCLE-RE-EDUC.
☐ OTHER

☐ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☐ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION

☒ ELECTRICAL STIMULATION (SPECIFY)
VMS II 100pps 100/sec
☐ PRE AND/OR POST-PROSTHETICS
☐ TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS: Seen today by Dr. Popescu who referred to neurologist. Continues to current program & some pain relief reported. Tol well.

THERAPIST'S SIGNATURE

008126

DATE: 8-30-93

MOIST HEAT	HYDROTHERAPY	THERAPEUTIC EXERCISES	ELECTRICAL STIMULATION (SPECIFY)
COLD/ICE	ISOKINETICS	TRANSFER TRAINING	PRE AND/OR POST-PROSTHETIC TRAINING
ULTRASOUND	MASSAGE	GAIT TRAINING	NO TREATMENT (EXPLAIN)
TRACTION	STRETCHING	PROGRESSIVE AMB. TRAINING	
PRE'S	MUSCLE-RE-EDUC.	INSTRUCT/EDUCATION	
OTHER			

TREATMENT: (CHECK) ☒ ELECTRICAL STIMULATION (SPECIFY) VMS II, 100 PPS, 100

COMMENTS: Continues current program. M. spasms in thoracic area seem to be less, pt reports less pain, however LBP → legs unchanged. Ed. well.

Therapist's Signature: [Signature]

DATE: 8-30-93

MOIST HEAT	HYDROTHERAPY	THERAPEUTIC EXERCISES	ELECTRICAL STIMULATION (SPECIFY)
COLD/ICE	ISOKINETICS	TRANSFER TRAINING	PRE AND/OR POST-PROSTHETIC TRAINING
ULTRASOUND	MASSAGE	GAIT TRAINING	NO TREATMENT (EXPLAIN)
TRACTION	STRETCHING	PROGRESSIVE AMB. TRAINING	
PRE'S	MUSCLE-RE-EDUC.	INSTRUCT/EDUCATION	
OTHER			

TREATMENT: (CHECK) ☐ ELECTRICAL STIMULATION (SPECIFY)

COMMENTS:

Therapist's Signature:

DATE: 9-1-93

MOIST HEAT	HYDROTHERAPY	THERAPEUTIC EXERCISES	ELECTRICAL STIMULATION (SPECIFY)
COLD/ICE	ISOKINETICS	TRANSFER TRAINING	PRE AND/OR POST-PROSTHETIC TRAINING
ULTRASOUND	MASSAGE	GAIT TRAINING	NO TREATMENT (EXPLAIN)
TRACTION	STRETCHING	PROGRESSIVE AMB. TRAINING	
PRE'S	MUSCLE-RE-EDUC.	INSTRUCT/EDUCATION	
OTHER			

TREATMENT: (CHECK) ☒ ELECTRICAL STIMULATION (SPECIFY) TENS PPR 6" x 30 min

COMMENTS: Pt. severe LBP today in m. spasm throughout back (had been in city today, I'd walking, subway, etc). Received TENS in ice x 30 min, followed by massage + manual massage to m. spasm. Reports some pain relief p tx.

Therapist's Signature: [Signature]

DATE: 9-8-93

MOIST HEAT	HYDROTHERAPY	THERAPEUTIC EXERCISES	ELECTRICAL STIMULATION (SPECIFY)
COLD/ICE	ISOKINETICS	TRANSFER TRAINING	PRE AND/OR POST-PROSTHETIC TRAINING
ULTRASOUND	MASSAGE	GAIT TRAINING	NO TREATMENT (EXPLAIN)
TRACTION	STRETCHING	PROGRESSIVE AMB. TRAINING	
PRE'S	MUSCLE-RE-EDUC.	INSTRUCT/EDUCATION	
OTHER			

TREATMENT: (CHECK) ☒ ELECTRICAL STIMULATION (SPECIFY) TENS PPR 6" x 30 min

COMMENTS: Pt still 90 severe pain, now extending throughout back. Continues ice to Thoracic + lumbar areas + TENS to low back. Massage to m. spasm - still severe local tenderness in lumbar area. Ed well + less pain p tx.

Therapist's Signature: [Signature]

DATE: 9-8-93

MOIST HEAT	HYDROTHERAPY	THERAPEUTIC EXERCISES	ELECTRICAL STIMULATION (SPECIFY)
COLD/ICE	ISOKINETICS	TRANSFER TRAINING	PRE AND/OR POST-PROSTHETIC TRAINING
ULTRASOUND	MASSAGE	GAIT TRAINING	NO TREATMENT (EXPLAIN)
TRACTION	STRETCHING	PROGRESSIVE AMB. TRAINING	
PRE'S	MUSCLE-RE-EDUC.	INSTRUCT/EDUCATION	
OTHER			

TREATMENT: (CHECK) ☒ ELECTRICAL STIMULATION (SPECIFY) TENS PPR 6" x 30 min

COMMENTS: Pt still 90 severe pain, now extending throughout back. Continues ice to Thoracic + lumbar areas + TENS to low back. Massage to m. spasm - still severe local tenderness in lumbar area. Ed well + less pain p tx.

Therapist's Signature: [Signature]

reverse side REH0920 E

008127

The Jack D. Weiler Hospital
of the Albert Einstein college of Medicine
a Division of Montefiore Medical Center

PHYSICAL THERAPY DEPARTMENT
OUTPATIENT PROGRESS REPORTS

Giladi Loni

EHS 918369

Dr. Popescu

DATE: 7-21-93

☒ MOIST HEAT
☒ COLD/ICE
☐ ULTRASOUND
☐ TRACTION
☐ PRE'S
☐ OTHER

☐ HYDROTHERAPY
☐ ISOKINETICS
☐ MASSAGE
☐ STRETCHING
☐ MUSCLE-RE-EDUC.

TREATMENT: (CHECK)

☐ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☐ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION

☒ ELECTRICAL STIMULATION (SPECIFY)
TENS
☐ PRE AND/OR POST-PROSTHETICS
TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS:

B seen for initial eval. Please refer to form in chart. Received TENS + ice to low back x 20 min. Instructed in posture (use lumbar roll sitting) + body mechanics. TA. well.

[Signature]
THERAPIST'S SIGNATURE

DATE: 7-22-93

☒ MOIST HEAT
☒ COLD/ICE
☐ ULTRASOUND
☐ TRACTION
☐ PRE'S
☐ OTHER

☐ HYDROTHERAPY
☒ ISOKINETICS
☐ MASSAGE
☐ STRETCHING
☐ MUSCLE-RE-EDUC.

TREATMENT: (CHECK)

☐ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☐ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION

☒ ELECTRICAL STIMULATION (SPECIFY)
VMS II 100pps 100µsec
☐ PRE AND/OR POST-PROSTHETICS
TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS:

Continues to e-stim + ice to low back (electrodes on thoracic mm. + L-mm. x 20 min, good pain relief. Review postural instructions. Instructed in knee → chest exercises. TA fair.

[Signature]
THERAPIST'S SIGNATURE

DATE: 7-28-93

☒ MOIST HEAT
☒ COLD/ICE
☐ ULTRASOUND
☐ TRACTION
☐ PRE'S
☐ OTHER

☐ HYDROTHERAPY
☒ ISOKINETICS
☐ MASSAGE
☐ STRETCHING
☐ MUSCLE-RE-EDUC.

TREATMENT: (CHECK)

☒ THERAPEUTIC EXERCISES
☐ TRANSFER TRAINING
☐ GAIT TRAINING
☒ PROGRESSIVE AMB. TRAINING
☐ INSTRUCT/EDUCATION

☒ ELECTRICAL STIMULATION (SPECIFY)
VMS II 100pps 100µsec
☐ PRE AND/OR POST-PROSTHETICS
TRAINING
☐ NO TREATMENT (EXPLAIN)

COMMENTS:

Continues to e-stim to back + ice. Instructed in reciprocal arm exercise while supine. Massage to thoracic mm. — TA well.

[Signature]
THERAPIST'S SIGNATURE

006128

DATE: 8-4-93 TREATMENT: (CHECK)
☐ MOIST HEAT ☐ HYDROTHERAPY ☒ THERAPEUTIC EXERCISES ☐ ELECTRICAL STIMULATION (SPECIFY)
☐ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING
☐ ULTRASOUND ☒ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☒ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☐ PRE'S ☐ MUSCLE-RE-EDUC. ☒ INSTRUCT/EDUCATION ☐ NO TREATMENT (EXPLAIN)
☐ OTHER

COMMENTS: Pt reports l'd pain ~ 1/2 hr. p last tx - pain returned while pt @ work. - Reinforced posture & body mechanics, referred pt to OPTP for lumbar roll. Instructed in stabilization exercises: Straight back bend & quadruped exercises c. Tol well. A. Seal PT.
 THERAPIST'S SIGNATURE

DATE: 8-4-93 TREATMENT: (CHECK)
☐ MOIST HEAT ☐ HYDROTHERAPY ☐ THERAPEUTIC EXERCISES ☒ ELECTRICAL STIMULATION (SPECIFY)
☒ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING VMS II 100 pps 100 psec
☐ ULTRASOUND ☒ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☐ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☒ PRE'S ☐ MUSCLE-RE-EDUC. ☐ INSTRUCT/EDUCATION
☐ OTHER Fibron 90 RPM x 8 min ☐ NO TREATMENT (EXPLAIN)

COMMENTS: Pt received ice & vms x 20 min to painful areas of back, massage - ↑ m. spasms noted. Fibron as above - tolerated 8 min then c ↑ l'd leg pain. Tol fair c ↓ pain reported p tx. A. Seal PT.
 THERAPIST'S SIGNATURE

DATE: 8-9-93 TREATMENT: (CHECK)
☐ MOIST HEAT ☐ HYDROTHERAPY ☐ THERAPEUTIC EXERCISES ☒ ELECTRICAL STIMULATION (SPECIFY)
☒ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING VMS II
☐ ULTRASOUND ☒ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☐ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☐ PRE'S ☐ MUSCLE-RE-EDUC. ☐ INSTRUCT/EDUCATION
☐ OTHER ☐ NO TREATMENT (EXPLAIN)

COMMENTS: Pt reports temporary relief p last visit - pain returned p returning to work. Reports ↑ pain today. Pain now radiating to bilat lt's, numbness throughout. I have been unable to centralize pain, referred for brace conference to receive lumbar corset. A. Seal PT.
 THERAPIST'S SIGNATURE

DATE: 8-11-93 TREATMENT: (CHECK)
☐ MOIST HEAT ☐ HYDROTHERAPY ☐ THERAPEUTIC EXERCISES ☒ ELECTRICAL STIMULATION (SPECIFY)
☒ COLD/ICE ☐ ISOKINETICS ☐ TRANSFER TRAINING VMS II
☐ ULTRASOUND ☒ MASSAGE ☐ GAIT TRAINING
☐ TRACTION ☐ STRETCHING ☐ PROGRESSIVE AMB. TRAINING
☐ PRE'S ☐ MUSCLE-RE-EDUC. ☐ INSTRUCT/EDUCATION
☐ OTHER ☐ NO TREATMENT (EXPLAIN)

COMMENTS: Pt reports l'd pain today - has not worked x 2 days. Continues current program. Tol well. To be seen this pm. @ brace conference. A. Seal PT.
 THERAPIST'S SIGNATURE

THE JACK D. WEILER HOSPITAL
1825 EASTCHESTER ROAD
BRONX, NEW YORK 10461
DEPARTMENT OF RADIOLOGY
REPORT OF FINDINGS

** FINAL **

REF PHYSICIAN COP

DOS 02/18/92 REQ # 057842
READ 02/18/92 TYPED 02/18/92
TYPED BY 17
RADIOLOGIST KIRSCHENBAUM, E
RESIDENT

MR# 918369
PATIENT GILADI, RONI
DOB 03/05/52 SSN 112-64-3264
REFERRED BY VAN LIEU, JACLYN

LOCATION PR

CLINICAL INDICATIONS acute ABD PAIN

CLINICAL DIAGNOSIS:

ABDOMEN:

SUPINE AND ERECT VIEWS OF THE ABDOMEN ARE SUBMITTED. AIR FILLED LOOPS OF LARGE AND SMALL BOWEL ARE NOTED. IN THE LEFT MID-ABDOMEN, THERE IS A SLIGHTLY DISTENDED LOOP OF SMALL BOWEL WHICH MAY REPRESENT A FOCAL ILEUS. THERE IS NO EVIDENCE FOR A MECHANICAL OBSTRUCTION.

IMPRESSION:

THERE IS ONE MINIMALLY DISTENDED LOOP OF SMALL BOWEL IN THE LEFT MID-ABDOMEN, PROBABLY REPRESENTING A FOCAL ILEUS.

CHEST:

A FRONTAL VIEW OF THE CHEST IS SUBMITTED. THE BONES AND SOFT TISSUES ARE INTACT. THE CARDIAC AND MEDIASTINAL CONTOURS ARE UNREMARKABLE. THE LUNG FIELDS AND COSTOPHRENIC ANGLES ARE CLEAR.

IMPRESSION:

NO ACTIVE DISEASE.

APPROVED BY KIRSCHENBAUM, E , M. D.

X-RAY

008130

THE JACK D. WEILER HOSPITAL
OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE
A DIVISION OF MONTEFIORE MEDICAL CENTER
1825 EASTCHESTER ROAD BRONX, NY 10461
TELEPHONE (718) 904-2000

DATE OCT 29, 1993

I hereby give my permission to the Employee's Health Service at the Hospital of the Albert Einstein College of Medicine to

release () or obtain (X) the following information:

a copy of my medical record. ~~nothing~~

SIGNATURE: 

ADDRESS: P.O. Box 127
Millburn N.J. 07041

DATE OF BIRTH: MARCH 5, 1993

This information is to be released to (X) obtained from ():

Roni Gikadi
P.O. Box 127
Millburn N.J. 07041

008131

02/20/2007 Page 33 of 47

EVERY ENTRY MUST BE DATED & SIGNED.

If no plate, patients's name, adm. no., sex & Doctor

[illegible]

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS
OBSERVATION RECORD

Giladi, Roni

8/12/93

EHS # ~~93708~~ 91836
WCB

EVERY ENTRY MUST BE DATED & SIGNED

If no plate, patients's name, adm. no., sex & Doctor

DATE	OBSERVATION
8/12/93	<p>Relat</p> <p>Pt. coming today for his reg. appt</p> <p>He still C/O LBP, but less than before. @ hand pain is same as on 7/12/93</p> <p>Pt. attends PT 2x WK, does home ex. and takes ASA.</p> <p>He was seen in EHS on 8/9/93 @ the same C/O.</p> <p>He did not show-up yesterday in the Brace Conf. to be evaluated for a L-S corset.</p> <p>He is on sick leave since 8/10/93 and he feels better.</p> <p>He wears an ace bandage on his @ forearm - wrist - hand.</p> <p>There are no significant changes on PE since last examination except that LS is more mobile (cont. flex. 45°, ext. 10°).</p> <p>Imp - LBP. S/P Back injury (WCB) dorsal spondylosis.</p>

DATE

OBSERVATIONS

- M/O (L) Wrist injury and median nerve
n. repair, a residual (L) hand & wrist
weakness

Plan - Continue PT & OT
- H present forin repairs
- home ex
- rest off duty till
Mo 8/23/93

- Recheck in 1 mo
- Avoid strenuous physical
activity when resuming work

C. C. Popescu MD

PM-863E 1/83

MONTEFIORE MEDICAL CENTER
EVELYN AND JOSEPH LUBIN REHABILITATION CENTER OF THE JACK D. WEILER
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE, BRONX, N. Y.

REHABILITATIVE PRESCRIPTION

2° Dx: SPP (L) Wrist/hand injury & sup.
Reason for request: x pain, 9 ROM
Bedside ✓ Gym ✓
Mental status: ✓ Motivation: ✓
Precautions: ✓
Cardio-respiratory: ✓

Giladi, Roni

8/12/93

EA5# ~~102708~~ 918369

ADDRESS O PLATE

Wt bearing status: NWB TT PWB FWB Probable discharge: Home Elsewhere
GOALS: THERAPY PRESCRIPTION (including PT, OT & ST) Frequency: 3 X WK

Continue PT
u OT

008134

Date: 8/12/93 Signed: C. C. Popescu

04/02/2007 Page 36 of 47

Guladi, Roni

EHS# 918369

If no plate, patients's name, adm. no., sex & Doctor

DATE	OBSERVATION
7/28/93	Relish Pt. did not show up for his 9:00 AM appt. today nor called him up to cancel it.
7/29/93	C. Pyley MCM No Cholesterol - C hal p + swelling x 2-3 days - heart - take c swelling label + dose one of hand - takes potassium + vitamins over 3 rectangular one. X-ray, etc. w for chest or calcified A Glands / open to hand + wrist P Ace wrap - Mth 40kg 9/10- Ht rest elevat RTCP RLP

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
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PATIENT PROGRESS
OBSERVATION RECORD

Jilachi Romi
#MS 918369

EVERY ENTRY MUST BE DATED & SIGNED

If no plate, patients's name, adm. no., sex & Doctor

DATE	OBSERVATION
8/23/93	Rehab Pt. still C/O LBP, but less than before and still C/O pain in his (L) hand. He attends PT & OT 2x/wk & for results, does home exs., takes warm bath at home and takes Ibuprofen 400 mg. TID. He was on sick leave since 8/10. He wears an ace bandage on his (L) UEI's. On PE, he is alert fully oriented, cooperative, N/A. He has T tenderness on palpation over L & L-S paraspinal m., but no m. spasm. T mobility on L spine: anteflex. 60°, ext. 20° In rest, there are no other significant finding changes since last examination on 8/2/93. Imp - LBP. N/O Back injury (UCB),

CCS137

1.3

DATE _____

OBSERVATIONS

- Ansol spontaneously
- R/O \odot wrist injury of median
ulnar n. repair, \bar{c} residual
- \odot hand & wrist weakness

Phon - Continue PT & OT

— " present method

— n 1 Bone exp

rest off duty

* ~~7~~ more days (8/23-8/29/93)

- Health Consult

- Consider Vocational Rehab

C. P. J. M.

Note: Mr. Gilson's superior con-
sulted me on the phone and
stated that Pt. is not required
to do heavy work anymore
since his duty responsibilities
changed; supposedly, the work
mostly in the clerk room
a low physical strenuous ac-
tivity.

~~000139~~

ALBERT EINSTEIN COLLEGE OF MEDICINE

OBSERVATION RECORD

MILPOUFNE

60189183

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EVERY ENTRY MUST BE DATED & SIGNED

If no plate, patients's name, adm. no., sex & Doctor

DATE	OBSERVATION
8/30/93	<p>PM Low Back pt</p> <p>- PT is being seen by Dr. Popescu; Rehab is to get "low support" vest</p> <p>- has agreed to surgery - 9/9/93</p> <p>Low Back pt. surgery to both legs present</p> <p>- + SLR bilaterally, will have low back brace. PRR not</p> <p>A - Prescribed Low Back p.</p> <p>P off duty 2 wks.</p> <p>- has appointment with Dr. Popescu</p> <p>SLR & Rehab Control bilaterally & Flexion</p> <p>as before</p> <p style="text-align: right;">and</p>

CCS139

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THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS
OBSERVATION RECORD

Delade Rame

EVERY ENTRY MUST BE DATED & SIGNED

If no plate, patients's name, adm. no., sex & Doctor

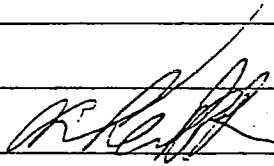
DATE	OBSERVATION
9/7/93	Chart in review not available Hx of CK, fever - chf, cough, weight x30g But fin is unrelieved by blood. - cough is persistent at times. - No other notes, NKA. T101.4 - TM's good left & right. Went out 140. All of these Secret. Not enough to see. Lug - for 100 at 1/2 hr. no sleep should on sleep. - A to previous R doctor - PCK 500 - T1D Meeze Ph 10cc 91D - Total 100 PO T1D 91D for Bg. f. It is well to RTW with you & others has agreed 9/28. It will be a 1/2 hr. in program a 9/10/93 <i>AKD</i>
9/10/93	199.2 Fln previous Cough is improved less productive, no fever. But pain is relieved by Toradol. - Lug - in to PTA. one →

PLEASE DATE AND SIGN ALL ENTRIES

DATE

OBSERVATIONS

previous signed
 - P- FHL 7 dy
 write RY x 24dy till
 RTC PRU


 M. L. L.

COS141

COS141

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS
OBSERVATION RECORD

Giladi, Roni
10/26/93

EHS #918369

EVERY ENTRY MUST BE DATED & SIGNED

If no plate, patients's name, adm. no., sex & Doctor

DATE	OBSERVATION
10/26/93	Reliab
	pt. coming today for his rep. appt. He still has LBP, radiating down to (R) calf, bilat. wrist pain & pain in his (L) elbow. He still attends PT & OT 3x wk @ for results, continue home exs, warm baths and take Toradol PRN for pain.
	He was seen by Neuro - Dr. Cole and a MRI of L-5 sac is recommended to RFO L radiculopathy, as well as surg. release for CTS.
	He is on sick leave since 8/10/93. He wears splints on both wrists.
	On PE pt. is alert, fully oriented, cooperative, MNL.
	His gait is WNL.
	There are no significant objective changes on PE, compared to 8/23/93, except for bilat. Tunnel?

PLEASE DATE AND SIGN ALL ENTRIES

DATE

OBSERVATIONS

Sign

Imp - - LBP. H/O Back injury (WCB)
foral spondylolysis. H/O L ankle
lophy
L. Blot. QTS - H/O (L) wrist injury
& median/ulnar n. repair & redup
(L) hand & wrist weakness

Plan - Continue PT & OT

- " present medic.

- MRI of L-S spine pending

- Meinst fig

- Continue home exs.

- Consider Vocational Rehab.

C. P. Jellon MD

008143

MONTEFIORE MEDICAL CENTER
HENRY AND LUCY MOSES DIVISION
THE JACK D. WEILER HOSPITAL OF THE
ALBERT EINSTEIN COLLEGE OF MEDICINE

PATIENT PROGRESS
OBSERVATION RECORD

Chart in

Giladi
Roni

Dr P's office

EVERY ENTRY MUST BE DATED & SIGNED

If no plate, patients's name, adm. no., sex & Doctor

DATE	OBSERVATION
7/28/93	
8/9/93 flw	CHART INCOMPLETE
	41 WM RH
	Had W/A in 1982 w/ back pain, was seen in physical therapy intermittently, 1982, and in '93 and possibly not during the interim. Recently finished a course of PT w/ good results;
	occ: audio visual department. Loads heavy equipment (60-80 lbs boxes). Recently doing a lot of editing work. Had rearing in 6/93 p loading car, hitting @ hand and lower back.
	On 8/5/86, feet spasms and pain upper and lower back, radiating to legs. Over the weekend, somewhat improved, though symptoms remain.
	Meds: nostrin allergy & smoke & ETOH & general good health s/p decompression nerve @ wrist and elbow. Had EMG's 1991 > trap & brach plexus nerve entrapment at wrist and elbow w/o cervical spine involvement.
	exam: UOBN NAD
	@ hand - no swelling, erythema, warmth

CCS145

PLEASE DATE AND SIGN ALL ENTRIES

DATE

(Cont'd)

OBSERVATIONS

8/9/93

or Thasulth. Pt tenderness dorsum hand
and plantar aspect wrist, no radiation.
Pt. tenderness over epicondyle at surgical site.
↓ Pain elbow ~ 10°. ⊖ Tinel's, ⊖ Phalen's.
Back: ⊕ Spinal ~~and~~ tenderness over lumbar
region. and ⊕ paraspinal tenderness
radiating to ⊕ thigh on application of
pressure. Diffuse upper thoracic tenderness.
Able to bend forward 15° w/o pain
motor: ↓ strength ⊕ grip, forearm and
deltoids 4/5 (can resist gravity, but not
applied pressure) DTR's symmetrical and
intact. ⊕ PRON ⊕ SLR

They ⊕ low back pain w/ sneeze
⊕ s/p nerve entrapment ⊕ elbow and hand
⊕ overuse syndrome

Pls all wrap

ASA

rest off duty until 8/12/93

PT on 8/12/93

@lt

Vancouver

008146